PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10663512

		CLAIMS AS	Golumn	(Column 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			19				R	ATE	FEE		RATE	FEE
FO	R		NUMBER F	NUMBER FILED		NUMBER EXTRA		IC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS 19 m				us 20= * <			X	\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 3 minus					3 = *			42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								140			+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	<u>L</u>	140=	071	OR		
CLAIMS AS AMENDED - PART II							10	DTAL	15/3	OR	TOTAL OTHER	THAN
(Column 1) (Column						(Column 3)	SI	MALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	×	42=		OR	X84=	
L_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		+	40=		OR	+280=	
								TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								IT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	l l x	\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	CL AIM	=	×	42=		OR	X84=	
L	I INOT FREDE	NATION OF W	OLIIFLE DEF	CINDEIN	CLAIM		+	40=		OR	+280=	
							ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	Chapter William Children Lance	(Colu		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	en e	HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE	- -	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- 01 - 11 -	<u> </u> =	X	42=		OR	X84=	
L	PIHST PHESE	NTATION OF M	ULTIPLE DEF	FUDEN.	CLAIM		ا ا	40=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
**	If the "Highest Nu	mber Previously P	aid For IN THI	S SPACE	is less tha	n 20, enter "20.				OR	TOTAL ADDIT. FEE	